

HEALTH CARE ACCESS FOR THE UNINSURED

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY 1999 Performance Report

2.32 Program Title: Health Care Access for the Uninsured

Performance Goals	Targets	Actual Performance	Reference
I. ELIMINATE BARRIERS TO CARE A. Increase Utilization for Underserved Populations 1. Increase the number of new integrated health services networks that are providing care using report card information to integrate and improve health services for the uninsured.	FY 01: Developmental FY 00: Developmental FY 99: NA	FY 01: FY 00: FY 99: NA	B248
2. Increase the number of uninsured people receiving primary care, mental health, substance abuse and other health services and expand the number of services supported.	FY 01: Developmental FY 00: Developmental FY 99: NA	FY 01: FY 00: FY 99: NA	B248
III. ASSURE QUALITY OF CARE A. Promote Appropriateness of Care 1. Reduce, where appropriate, hospital admissions for ambulatory-sensitive conditions for uninsured people living in project service areas.	FY 01: Developmental FY 00: Developmental FY 99: NA	FY 01: FY 00: FY 99: NA	B248

Performance Goals	Targets	Actual Performance	Reference
Total Funding: Health Care Access for the Uninsured (\$ in 000's)	FY 2001:\$ 125,000 FY 2000: \$ 40,000 FY 1999: -- FY 1998: --	B x: page # budget HP: Healthy People goal	

2.32.1 Program Description, Context and Summary of Performance

The Health Care Access for the Uninsured program is a new program in FY 2000 and is expanded in the FY 2001 budget. This program consists of two components designed to address the problem of uninsured individuals:

- C Community Access Program: Designed to increase the capacity and effectiveness of the Nation's variety of community health care institutions and providers who serve patients regardless of their ability to pay (\$25 million in FY 2000; \$125 million in FY 2001).
- C State-Based Program: Supports grants to States to develop designs for providing access to health insurance coverage to all residents of the State (\$15 million in FY 2000).

Community Access Program: These funds will enable public, private, and non-profit health entities to assist safety-net providers develop and expand integrated systems of care and address service gaps within such integrated systems with a focus on primary care, mental health services and substance abuse services. This competitive grant program is a multi-year initiative designed to increase the capacity and effectiveness of the nation's health care safety-net, those health care institutions and providers who serve patients regardless of their ability to pay. In FY 2000, \$25 million will enable public, private and nonprofit entities to assist safety net providers expand integrated systems and fill services gaps. The grant program's overall goal is to assure that more uninsured people receive needed care with a focus on primary care and behavioral health services, the care received is of higher quality, and the uninsured are served by providers who participate in accountable health systems.

Grants will provide funds to public and private entities to enhance the ability of safety-net providers to offer comprehensive, coordinated health care to a greater number of uninsured people. Funds will be available: (1) to assist safety-net providers to develop and expand integrated systems of care; and (2) within such integrated systems, to address service gaps, with a focus on primary care, mental health services and substance abuse services, with the result that more uninsured individuals will have access to a continuum of core health care services.

Grants under this initiative will support:

- development or enhancement of networks or other coordinated arrangements to provide more comprehensive care to low income uninsured individuals;
- design and establishment of the infrastructure necessary to participate in networks or other coordinated arrangements, including assistance with the establishment of financial systems, patient tracking and other computer systems, and telecommunications systems necessary to appropriately monitor and manage patient needs and to allow safety net providers to compete in the changing market and participate more effectively in commercial and Medicaid managed care plans; and
- financing additional core health services and serving additional uninsured people within integrated systems of care, addressing service gaps identified at the local level.

State-Based Program: FY 2000 funding of \$15,000,000 will support up to 10 new grants to States that have developed designs for providing access to health insurance coverage. Funds will be used to conduct in-depth surveys and other activities necessary to determining the most effective methods of providing insurance coverage for the uninsured. States will submit reports to the Secretary that identify the characteristics of the uninsured within the State and approaches for providing them with health coverage through an expanded state, Federal and private partnership.

2.32.2 Goal-by-Goal Presentation of Performance

Context:

Community Access Program: The number of uninsured continues to grow. While the State Children's Health Insurance Program offers new opportunities for uninsured children, a large number of adults, roughly 32 million, are uninsured, and of these about 17 million have incomes below 200 percent of the Federal Poverty Level. The burden of care for the low-income uninsured falls disproportionately on safety net providers. At the same time, these providers have had to adjust to the rapid growth of managed care in both private and public insurance programs.

Approaches for improving health services for the uninsured have been developed in a number of communities. While they differ in scope and design, they share the common themes of expanding access to a comprehensive range of services, shifting the focus of care to more efficient settings and emphasizing primary care, and building integrated networks of providers. This program is designed to foster such community-based approaches.

Performance:

In FY 2000, the first year of the program, funds will be used for 10-20 grants for infrastructure development primarily in locations which have already begun organized community-based efforts to coordinate services provided to the uninsured. A small percentage of funding may be devoted to

service delivery at these or other sites where coordinated systems are being developed. In FY 2001, \$125 million is requested. This new funding will support continuation funding at the initial 10-20 sites, where funds will be used primarily for filling service gaps; and for 40-60 new sites where initial funding will be used largely for system development.

Three developmental goals have been identified. Over the first year of the program, efforts will focus on identifying data sources, and determining the extent to which these goals can be tracked based on applicant reporting.

Goal I.A.1: Increase the number of new integrated health services networks that are providing care using report card information to integrate and improve health services for the uninsured.

Goal I.A.2: Increase the number of uninsured people receiving primary care, mental health, substance abuse and other health services and expand the number of services supported

Goal III.A.1: Reduce, where appropriate, hospital admissions for ambulatory care-sensitive conditions for uninsured people living in project service areas.